



**FOR DSHS USE ONLY**  
**BUDGET/FUND: ZZ112-178**

Remit #: \_\_\_\_\_

Remit Date: \_\_\_\_\_

**Asbestos Reciprocity Application for  
Out of State Companies**

**DO NOT WRITE IN THIS BOX – FOR DEPARTMENT USE ONLY**

Rcvd Date: \_\_\_\_\_ Init. \_\_\_\_\_

Post Mark Date: \_\_\_\_\_

Rvw Date: \_\_\_\_\_ Init. \_\_\_\_\_

Aprv Date: \_\_\_\_\_ Init. \_\_\_\_\_

Amt Rcvd:\$ \_\_\_\_\_ FY: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Init. \_\_\_\_\_

Print Date: \_\_\_\_\_ Init. \_\_\_\_\_

Mail Date: \_\_\_\_\_ Init. \_\_\_\_\_

**PLEASE CHECK ONE OF THE FOLLOWING:**

- ☐ SOLE OWNER/PROPRIETORSHIP    ☐ LLP (Limited Liability Partnership)    ☐ LLC (Limited Liability Company)  
☐ LP (Limited Partnership)    ☐ PARTNERSHIP    ☐ CORPORATION    ☐ DBA (Doing Business As)

Legal Business Name

Tax Payer's Identification number

( )

DBA Name (if applicable)

Telephone Number (include area code)

License Mailing Address (include suite #)

City

State

Zip Code

Business Physical Address (include suite #)

City

State

Zip Code

Name of Responsible Person

Telephone Number (include area code)

Email Address

**CERTIFICATION:** I certify that I am authorized by the company to make this application and to sign on its behalf. I have read and understand the applicable rules and agree on behalf of the applicant to comply with them. I understand that it is a violation of DSHS rules and the Texas Penal Code §37.10 to submit any false or fraudulent information or documents in order to obtain a license. All information I have provided on this application is true, correct, and complete to the best of my knowledge.

Signature of Owner or Responsible Person

Date

**Mailing address for all applications:**

**Applications containing money:**

Department of State Health Services MC 2003  
Environmental & Sanitation Licensing Group  
PO Box 149347  
Austin, Texas 78714-9347

**Applications not containing money**

Department of State Health Services MC 2835  
Environmental & Sanitation Licensing Group  
PO Box 149347  
Austin, Texas 78714-9347

**Overnight (fed-ex,ups)**

Department of State Health Services  
Environmental & Sanitation Licensing Group  
1100 West 49<sup>th</sup> Street  
Austin, Texas 78756

## IMPORTANT INFORMATION

**Out-of-state asbestos abatement companies may submit a reciprocity application, per Title 25 of the Texas Administrative Code (TAC), Chapter 295, Section 39 (a), for a license to perform asbestos related work in the affected counties:**

### LICENSE FEES: (2-year term)

- ☐ License Fee for Contractor: \$1,102.00
- ☐ License Fee for O&M Contractor: \$268.00
- ☐ License Fee for Consultant Agency: \$443.00
- ☐ License Fee for Management Planner Agency: \$443.00
- ☐ License Fee for Transporter: \$443.00

### REQUIREMENTS FOR LICENSURE:

- ☐ 1. Non-Refundable Required license fee (see fees above)
- ☐ 2. Submit documentation from the Texas Secretary of State authorizing the company to conduct business in Texas
- ☐ 4. Submit sales tax account number obtained from the Texas Comptroller of Public Accounts
- ☐ 5. Proof of General Commercial Liability Insurance
- ☐ 6. Proof of worker's compensation insurance coverage

\*Employees of companies licensed under 25 TAC §295.39 are subject to applicable licensing requirements

### PRIVACY NOTIFICATION / NOTIFICACIÓN SOBRE PRIVACIDAD

With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.dshs.state.tx.us/> for more information on Privacy Notification. (Reference: Governor Code, Section 552.021, 552.023, 559.003 and 559.004)

Tan solo por unas cuantas excepciones, usted tiene el derecho de solicitar y de ser informado sobre la información que el Estado de Texas reúne sobre usted. A usted se le debe conceder el derecho de recibir y revisar la información al requerirla. Usted también tiene el derecho de pedir que la agencia estatal corrija cualquier información que se ha determinado sea incorrecta. Dirijase a <http://www.dshs.state.tx.us/> para más información sobre la Notificación sobre privacidad. (Referencia: *Government Code*, sección 552.021, 552.023, 559.003 y 559.004.)